

PART B—ISSUE FEE TRANSMITTAL

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1. CORRESPONDENCE ADDRESS

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FFM1 / 11/04

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and Zip Code

CO-INVENTOR'S NAME

Street Address

City, State and Zip Code

Check if additional changes are enclosed

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/371,089	01/10/95	019	MULLEN, T	2617 11/04/96
First Named Applicant	GARGANO,		PAUL A.	

TITLE OF INVENTION PERSONAL TRACKING AND RECOVERY SYSTEM

JAN 21 1997



ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
7 GARGANO-91	340-373,000	010	UTILITY	YES	\$645.00	02/04/97

3. Correspondence address change (Complete only if there is a change)

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

HAMILTON, BROOK, SMI
1 & REYNOLDS, P.C.

2 _____
3 _____

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:

Paul A. Gargano

(2) ADDRESS: (CITY & STATE OR COUNTRY)

Belmont, Massachusetts

6a. The following fees are enclosed:

Issue Fee Advance Order - # of Copies 15

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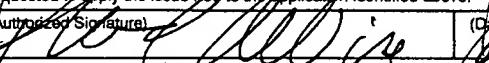
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The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature)  (Date) 01/15/97

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Assistant Commissioner for Patents
Washington, D.C. 20231

January 15, 1997

(Date)

Elizabeth A. Sullivan

(Name of person making deposit)

(Signature)

(Date)